(e) if so. whether this is proposed to be extended to other metro cities also?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION fSHRI ANANTH KUMAR): (a) No. Sir.

(b) to (e) Question does not arise in view of reply to (a) above.

Foeticide cases in the country

†*273. SHRIMATI SAVITA SHARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the constant increase in foeticide in the country in the recent years;

(b) if so. the details thereof;

(c) the number of foeticide cases brought to Government's notice during the year 2002 in comparison to the year 2001; and

(d) the steps Government propose to take to stop foeticide?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) No specific data is available on female foeticide as parties resort to this practice secretly in connivance with each other. The decrease in sex ratio from 945 in 1991 to 927 in 2001, in the age group of 0-6 years, leads to the conclusion that female foeticide could be one of the factors for the decline.

To check the practice of female foeticide on account of sex selection, the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 was brought into operation from 1st January, 1996 This Act prohibits determination and disclosure of sex of the foetus. The Act also prescribes punishments for contravening its provisions with imprisonment upto 5 years and fine upto Rs. 50,000.

Since the PNDT Act did not cover pre-conception selection and in order to ensure a more effective implementation of the Act, amendments have been placed on the Table of the Rajya Sabha on 25.7.2002. Broadly, the amendments seek to:

(i) bring the technique of pre-conception sex selection within the ambit of this Act to pre-empt its misuse;

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†Original notice of the question was received in Hindi.

(ii) bring the use of ultrasound machines within the purview of this Act to explicitly curb their misuse for detection and disclosure of sex of the foetus;

(iii) introduce State level Supervisory Board;

(iv) constitute a multi member State Appropriate Authority for better implementation and monitoring of the Act;

(v) make punishments more stringent;

(vi) make it mandatory to maintain proper records in respect of ultrasound machines and other equipments capable of detection of sex of foetus;

(vii) restrict sale of ultrasound machines only to registered bodies.

Further, action has been taken to amend the Rules to, *inter alia,* provide for appeals against the decisions of the Appropriate Authority at sub-district and district levels, code of conduct for the persons working in registered clinics etc., restrict sale of ultrasound machines to registered clinics, utilisation of registration fees for implementation of the Act and Rules, etc.

Finally, in compliance to the orders of the Supreme Court, meetings of Appropriate Authorities, training of implementing agencies on investigative procedures and various IEC activities to create public awareness have been undertaken.

Law to regulate surrogate mother and test tube baby

†*275. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that no law exists in the country for regulating the methods like "surrogate mother" and "test tube baby", which are widely prevalent in the country;

(b) if so, whether Government propose to enact any law for regulating these methods;

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†Original notice of the question was received in Hindi.